

EXHIBIT 4



Lawyers Professional Liability Insurance Renewal Application

Expiration: _____
Attn: Lona Ross

Name: RICHARD MICHAEL MARTIN

Limit Requested: _____
Deductible Requested: 1M/2M

1. Has your firm name, address, telephone number and/or fax number changed since the completion of your last application? ☒ Yes ☐ No
If yes, please provide full details.

Only name change: Michael Martin, Atty at Law

2. **Personnel**

- A. Have any lawyers left your firm since the completion of last year's application? ☐ Yes ☐ No If yes, please provide name(s).
1 Michael Morrison

- B. Have any lawyers joined your firm (including any merged with or acquired law firm) since the completion of last year's application?
☐ Yes ☒ No If yes, please complete a New Lawyer Form for each (attached)

- C. 20 Hours of service provided to applicant per year by "of counsel", independent contractor/per diem lawyers.
(If none, state "None")

Current Email Address: r.michaelmartin@aol.com

3. **Areas of Practice:**

Area of Practice Changes From Expiring Policy

Admiralty/Marine	_____ %	Environmental	_____ %	Real Estate - Condo Offering	_____ %
Anti-Trust Trade Regulation	_____ %	ERISA	_____ %	Securities - Federal*	_____ %
Arbitration/Mediation	_____ %	Est. Plan/Probate/Trusts/Wills	_____ %	Securities - State*	_____ %
Banking*	_____ %	Immigration	_____ %	Securities - Private Placement*	_____ %
Bankruptcy	_____ %	International Law	_____ %	Securities - Bonds*	_____ %
Bodily/Personal Injury - Defense	_____ %	Investment Counseling	_____ %	Social Security Disability	_____ %
Bodily/Personal Injury - Plaintiffs*	<u>100</u> %	Labor Relations	_____ %	Tax Preparation	_____ %
Collection Repossession	_____ %	Public Utilities	_____ %	Tax Opinions	_____ %
Copyright/Patent/Trademark*	_____ %	Real Estate - Residential	_____ %	Workers Comp/Defense	_____ %
Corporate	_____ %	Real Estate - Commercial	_____ %	Workers Comp./Plaintiff	_____ %
Criminal	_____ %	Real Estate - Synd. Devel.	_____ %	OTHER (Describe if over 5%)	_____ %
Domestic Relations	_____ %	Real Estate - Title Work	_____ %	TOTAL (Must equal 100%)	<u>100</u> %
Entertainment	_____ %				

*Please complete corresponding Supplemental Application.

4. **Claims, Incidents & Disciplinary Actions**

After inquiry, have any of the following occurred during your expiring policy:

- A. Disciplinary actions against any lawyer (including disbarment/ reprimand, censure or sanction)? ☐ Yes ☒ No
B. Claims? ☐ Yes ☒ No
C. Incidents or circumstances that could result in a claim? ☐ Yes ☒ No
D. Changes in the status, amounts reserved and/or amounts paid for claims, incidents or circumstances which were open as of the inception date of the expiring policy? ☐ Yes ☒ No

If yes to A, please explain separately. If yes to B., C. or D. please complete a **Claims Supplemental Application** for each instance.

5. **Firm Policies and Procedures**

- A. Does any firm attorney serve as a director, officer, trustee (other than estate trusts), partner or employee of any client? ☐ Yes ☒ No
If "Yes", please complete the **Outside Interests Supplemental Application**.
B. Does any firm member exercise fiduciary control or possess any ownership interest in any client or any business venture with a client? If "Yes", please complete the **Outside Interests Supplemental Application**. ☐ Yes ☒ No
C. Does any single client account for more than twenty-five percent (25%) of the Applicant's gross annual billings? ☐ Yes ☒ No
If "Yes", please identify client, nature of client's business, and the percentage of billings, by attachment.
D. How many times has the Applicant sued a client for unpaid fees in the last year? 0
E. What is the total number of hours of continuing legal education within the last year for all lawyers? 64

6. **Signature and Agreements**

Please Read carefully and Sign Below where indicated.

- The undersigned proprietor, partner, member or officer, acting on behalf of the applicant and all others to be insured, hereby,
(A) declares after diligent inquiry that the above statements and particulars are true and that no material facts have been suppressed or misstated;
(B) acknowledges that it is understood and agreed that (1) the completion of this application does not bind Liberty Insurance Underwriters, Inc. to issue nor the Applicant to purchase the insurance; (2) however, this application will be the basis of the contract if a policy is issued; and (3) all written statements and material furnished to Liberty Insurance Underwriters, Inc. in conjunction with this application are hereby incorporated by reference into this application and made part hereof; and
(C) acknowledges that, in the event Liberty Insurance Underwriters, Inc. issues a policy, (1) Liberty Insurance Underwriters, Inc. in providing coverage will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated into the policy; and (2) in the event of a claim for which coverage would otherwise be available under this policy, the Applicant will be required to be defended by lawyers appointed by Liberty Insurance Underwriters, Inc. and if the insured elects to handle any claim without such lawyers or otherwise without Liberty Insurance Underwriters, Inc.'s involvement, then no coverage for such claim will be afforded the Applicant under the policy.

NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Sign & Date in Ink.

Signed by:

Print Name:

Richard M. Martin
RICHARD M. MARTIN

Title:

Date:

Owner
8/21/14



PLAINTIFF LITIGATION QUESTIONNAIRE

1. For all attorneys in the firm who perform in plaintiff's practice, what is the average number of years of experience working in this area of law? 18

2. Average number of cases these attorneys handle per year (per attorney): 60

3. Indicate percentage of cases in the following categories:

Medical Malpractice	<u>5</u> %
Professional Negligence – other than Medical	<u> </u> %
Product Liability	<u> </u> %
Auto/Slip and Fall	<u>95</u> %
Workers Compensation	<u> </u> %
Other*	<u> </u> %

* Provide a description using the space provided below or by separate attachment.

4. What is the number of cases that are class action?* 0

* Provide a description of these cases using the space provided below or by separate attachment. Please include the capacity in which you serve.

5. What percentage of cases are class action? 0 %

6. Average dollar value of plaintiff cases: \$ 20,000.00

7. Maximum dollar value of any one plaintiff case: \$ 100,000.00

Sign & Date in ink.

Signed by:

Richard M. Martin

Title:

owner

Print Name:

RICHARD M. MARTIN

Date:

8/21/14

Please provide a current list of firm attorneys.

List all Lawyers to be covered:
(Do NOT list "of counsels", independent contractor lawyers or per diem lawyers.)

Name	Status Designations Code*
1. Richard Michael Martin / Oct. 5	
2. date admitted 1995	
3.	
4.	
5.	
6.	
7.	

*Designations Codes to use:

- S- Sole Proprietor
- P- Partner/Member
- E- Employed Lawyer
- PT – Part-time lawyer working less than 20 hours per week.
 - Please provide a statement on firm letterhead confirming that the attorney has worked less than 20 hours a week for the last 12 months consecutively.

Sign & Date in ink:

Richard M. Martin
Signature:

owner
Title

RICHARD M. MARTIN
Print Name:

8/21/14
Date:

08/21/2014 THU 12:03 FAX 3043431192 MICHAEL MARTIN ASSOC.

001/001

MICHAEL MARTIN
ATTORNEY AT LAW

R. MICHAEL MARTIN
Of Counsel
MICHAEL A. DAVENPORT
Licensed in West Virginia, Ohio, and Kentucky

BB&T Square
300 Summers Street • Suite 1210
Post Office Box 11407
Charleston, West Virginia 25339

Telephone (304) 343-1020
Facsimile (304) 343-1192